

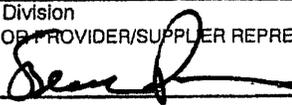
12/5/14 POC had been accepted on 12/3/14 via faxed copy, full copies to Lisa Larkin - JH
 PRINTED: 11/18/2014
 FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/20/2014
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NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL OF THE MONTEREY F	STREET ADDRESS, CITY, STATE, ZIP CODE 23625 W R HOLMAN HIGHWAY MONTEREY, CA 93940
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident conducted from 10/17/14 to 10/20/14.</p> <p>For Entity Reported Incident CA00406465, regarding State Monitoring, Breach theft of medical records, one State deficiency was identified (see California Health and Safety Code, Section 1280.15(a)).</p> <p>Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the hospital.</p> <p>Representing the California Department of Public Health: 32398, Health Facilities Evaluator Nurse.</p> <p>The hospital detected the Breach of Patient's Health Information (PHI) on 7/16/14. The hospital reported the Breach of PHI to the Department on 7/21/14. The hospital notified the affected patients of the Breach of PHI on 7/21/14.</p>	A 000	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH</p> <p>DEC 04 2014</p> <p>L & C DIVISION SAN JOSE</p>	
A 001	<p>Informed Medical Breach</p> <p>Health and Safety Code Section 1280.15 (b)(2), " A clinic, health facility, agency, or hospice shall also report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the affected patient or the patient's representative at the last known address, no later than five business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice."</p> <p>The CDPH verified that the facility informed the</p>	A 001		

Licensing and Certification Division LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	DATE 12/21/14	TITLE CEO	(X6) DATE
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A 001	Continued From page 1 affected patient(s) or the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information.	A 001		
A 017	1280.15(a) Health & Safety Code 1280 (a) A clinic, health facility, home health agency, or hospice licensed pursuant to Section 1204, 1250, 1725, or 1745 shall prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information, as defined in subdivision (g) of Section 56.05 of the Civil Code and consistent with Section-130203. The department, after investigation, may assess an administrative penalty for a violation of this section of up to twenty-five thousand dollars (\$25,000) per patient whose medical information was unlawfully or without authorization accessed, used, or disclosed, and up to seventeen thousand five hundred dollars (\$17,500) per subsequent occurrence of unlawful or unauthorized access, use, or disclosure of that patients' medical information. For purposes of the investigation, the department shall consider the clinic's, health facility's, agency's, or hospice's history of compliance with this section and other related state and federal statutes and regulations, the extent to which the facility detected violations and took preventative action to immediately correct and prevent past violations from recurring, and factors outside its control that restricted the facility's ability to comply with this section. The department shall have full discretion to consider all factors when determining the amount of an administrative penalty pursuant to this section.	A 017		

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A 017	<p>Continued From page 2</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the hospital failed to prevent unauthorized disclosure of patient health information (PHI) for 24 of 24 sampled patients (1-24), when a briefcase containing PHI for 24 patients was stolen from a car. The failure resulted in the disclosure of 24 patients' PHI to an unauthorized individual(s). Findings:</p> <p>The California Department of Public Health received an online report on 7/21/14, which indicated, on 7/16/14 a staff member (HC) of one of the hospital affiliated entities (Entity 1) had a briefcase, containing documents of 24 hospital patients' PHI, stolen from her car. The documents contained patients' names, policy numbers, personal contact information, telephone numbers, employer names, and physician names. The police were called and a police report was filed.</p> <p>During an interview on 10/17/14 at 12:40 p.m., the privacy officer (PO) stated HC's briefcase containing PHI was stolen from her car during non-business hours. PO stated HC drove home with the briefcase, got out of her car, left it unlocked, and spoke to with a neighbor. When she went back to her car the briefcase was gone. PO stated HC stayed near her car, and had not entered her house when the briefcase was stolen.</p> <p>During an interview on 10/17/14 at 1:35 p.m., PO stated the hospital permitted taking PHI from the hospital for work purposes only, but it needed to be kept secured. PHI should be placed in the trunk of the car if the staff member has one, or at least be kept out of sight. If the PHI was taken</p>	A 017	<p>a) Patients were notified of the theft of their protected health information. The letter included details of the information included on the stolen document. A contact phone number was provided to the patient. Responsible person: Privacy Officer</p> <p>b) No other patients were affected by this event. The removal of copies of medical record documents from the facility was immediately stopped. Responsible Person: Hospice of the Central Coast Director</p> <p>c) A meeting with the Privacy Officer and the director of Security was held during which the current process were discussed and revised to ensure the privacy of patient information. Hospice of the Central Coast Confidentiality of Information policy was revised to include the following language: <i>Field staff will protect and transport the minimum amount of patient information necessary to complete daily assignments. The process for managing patient information will be evaluated on an on-going basis and actions will be taken to improve the process when identified.</i></p>	7/21/2014
				7/17/2014

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A 017	<p>Continued From page 3</p> <p>home, it should have been brought inside the home, and locked so family could not access it.</p> <p>During a telephone interview on 10/20/14 at 1:30 p.m., HC stated she had driven home from work, had stopped her car short of parking, and got out of the car. HC stated she was within 25 to 50 feet of the car, with her back to the car, talking with someone. HC stated she got back in the car to park it and immediately noticed her purse and work bag had been stolen. HC stated she called the police and filed a report. HC stated she was trained to print one document ("Inpatient Facesheet") from the electronic medical records which contained the address and telephone number for the patients she will visit. HC was not able to recall what else was disclosed on the Facesheet or how many Patient Facesheets she had printed.</p> <p>A review of a copy of a Facesheet HC had printed disclosed hospital name, patient's name, address, telephone number, social security number, sex, date of birth, medical record number, physician's name, admitting diagnosis, insurance information, and next of kin with telephone number.</p> <p>A review of a copy of a letter from the hospital dated 7/21/14 to the affected patients/representatives indicated a document which contained patient name, address, telephone number, date of birth, social security number, insurance name and policy number, personal contact names and telephone numbers, medical record number, employer name, and physician name had been stolen from an employee's automobile.</p> <p>A review of a copy of Entity 1's 3/13/13</p>	A 017	<p>Responsible Person: Hospice of the Central Coast Director and Assistant Director; Privacy Officer</p> <p>Completion date: Policy revision - July 2014 Meeting-August 2014</p> <p>d) Hospice of the Central Coast documentation and time card forms were revised to minimize the use of protected health information. Compliance with the new documentation procedures is being monitored with weekly audits of notebooks, documents and other items that staff carry with them.</p> <p>Responsible Person: Hospice of the Central Coast Director and Assistant Director</p> <p>Completion date: January 31, 2015</p>	

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A 017	<p>Continued From page 4</p> <p>"Confidentiality of Information" policy indicated "Copies of clinical records, or excerpts of same, cannot be removed from [Entity 1] except by subpoena, where statutory law requires it, or on written authorization of [Entity 1]."</p> <p>A review of a copy of the hospital's 03/2012 "Confidentiality of Patient and Hospital Business Information" policy indicated "All employees (which for purposes of this policy include contracted staff) are responsible for upholding hospital privacy, confidentiality, ethics, and information security policies and procedures, including those contained in the notice of privacy practices."</p>	A 017		